

DEC 22 1941 791

Primary Registration District, No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2215 Howard St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 57 years (Specify whether years, months or days)
In this community 57 years

3. (a) PRINT FULL NAME John J. Bielicki

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
7. Birth date of deceased Nov. 25 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 26 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business Shoe Co.

12. Name Joseph Bielicki

13. Birthplace Poland (City, town, or county) (State or foreign country)

14. Maiden name Mary Lorkowska

15. Birthplace Poland (City, town, or county) (State or foreign country)

16. (a) Informant Thomas Bielicki

(b) Address 2215 Howard St.

17. (a) Burial (b) Date thereof 11/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director St. Louis Funeral

(b) Address 2205 St. Louis Ave.

19. (a) NOV 23 1941 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2215 Howard St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th
year 1941 hour 11:10 minute P. M.

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Tumor of Brain; Duration
Laceration of Scalp; suffered when
deceased was found lying in the street
Due to about five feet west of 22nd St.,
on Howard Street, November 20th, 1941
Due to about 10:30 P.M.

Other condition fell on street
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Nov. 20th, 1941
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
(Specify type of place) (e) Means of injury

23. Signature Thomas Halloran (M.D. or other)
Address Deputy Coroner Date signed 11/24/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Wilford H Burnley

Licensed Embalmer No. 4202

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.